

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/572196 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
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TOTAL IND.	1					
TOTAL DEP.	11	◀		◀		◀
TOTAL CLAIMS	12	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					████	████
TOTAL DEP.		◀		◀		◀
TOTAL CLAIMS		████████	████████	████████	████████	████████

BEST AVAILABLE COPY